

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	421935
<015> Study Area Name	OREGON FARMERS MUT
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Twyla Moss
<035> Contact Telephone Number: Number of the person identified in data line <030>	(918) 865-2039
<039> Contact Email Address: Email of the person identified in data line <030>	tmoss@signal-telcom.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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<100> Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input type="checkbox"/>	
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<410> Fixed	<input type="text" value="0.0"/>			
<420> Mobile				
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>	
<440> Fixed				
<450> Mobile				
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<510> <input type="text" value="421935MO510"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<610> <input type="text" value="421935MO610"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	
<1010> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tmoss@signal-telcom.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets
<114> Report how much universal service (USF) support was received
<115> How (USF) was used to improve service quality
<116> How (USF) was used to improve service coverage
<117> How (USF) was used to improve service capacity
<118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

[illegible]

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10/14/2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tmoss@signal-telcom.com
<810>	Reporting Carrier	Oregon Farmers Mutual Telephone Co
<811>	Holding Company	NW Missouri Holdings
<812>	Operating Company	

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tmoss@signal-telcom.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

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<1120> Please check this box to confirm no terrestrial backhaul
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers
broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

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<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP www.ofmlive.net

“Please check these boxes below to confirm that the attached PDF,
on line 1210, or the website listed, on line 1220,
contains the required information pursuant to §
54.422(a)(2) annual reporting for ETCs receiving low-income
support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

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CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

<input type="checkbox"/>
<input type="checkbox"/>

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

<input type="checkbox"/>

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	421935
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CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div>
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div>
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> (Yes/No)
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> (Yes/No)
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div>
(3024)	Underlying information subjected to an officer certification.		<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	421935MO3026

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------------	----------------------------------------------------------------------------------

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tmoss@signal-telcom.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
<p>I certify that (Name of Agent) <u>Twyla Moss</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.</p>	
Name of Authorized Agent:	Twyla Moss
Name of Reporting Carrier:	OREGON FARMERS MUT
Signature of Authorized Officer:	CERTIFIED ONLINE
Printed name of Authorized Officer:	Janet Bathurst
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	6604463391
Study Area Code of Reporting Carrier:	421935
	Filing Due Date for this form: 10/15/2013
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
<p>I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.</p>	
Name of Reporting Carrier:	OREGON FARMERS MUT
Name of Authorized Agent or Employee of Agent:	Twyla Moss
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE
Printed name of Authorized Agent or Employee of Agent:	Twyla Moss
Title or position of Authorized Agent or Employee of Agent:	Director of Settlements
Telephone number of Authorized Agent or Employee of Agent:	(918) 865-2039
Study Area Code of Reporting Carrier:	421935
	Filing Due Date for this form: 10/15/2013
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

Attachments

[illegible]

Oregon Farmers Mutual Telephone Company-
FCC Form 481 – Line 510
Program Year – 2014

Service Quality Standards and Consumer Protection Compliance Explanation Document:

Oregon Farmers Mutual Telephone Company is in compliance with all Federal and State service quality standards and consumer protection rules.

The Missouri Public Service Commission has defined standards for service quality in its Code of State Regulations 4 CSR 240.32.070 for incumbent local exchange carriers. Oregon Farmers Mutual Telephone Company is in compliance with these rules. The company has systems in place for customers with regard to service trouble reporting, billing issue questions and complaints, service offerings information, after hours service problem reporting and other customer issues resolution.

Oregon Farmers Mutual Telephone Company maintains the results of these quality standards items at place of business.

Oregon Farmers Mutual Telephone Company also complies with all applicable consumer protection rules including the implementation of customer data protection under the Federal Communications Commission's rules for Customer Proprietary Network Information.

Oregon Farmers Mutual Telephone Company
FCC Form 481 – Line 610
Program Year – 2014

Emergency Functionality Explanation Document:

The company maintains emergency backup power for the local distribution plant and central office and transmission facilities that keep the company functional in an emergency which deprives the company equipment of commercial electrical power.

The central office facility is powered with commercial electric power and battery banks that continue power to the office and transmission equipment for a period of 8 hours in the event of a power source outage. The central office is equipped with a propane powered generator with a fuel capacity of 1 week of generation capacity to continue supplying power in the event of a power outage. The company can remain operational in the situation.

The company's customer distribution network transmission equipment, field cabinets & customer pedestal electronics have power backup that will provide 8 hours of service in the event of a commercial power outage.

The company has additional route capacity to keep emergency service (911 service) available in the event of an emergency situation.

(3005a) Operating Report for Privately-Held Rate of Return Carriers

FCC Form 481

Balance Sheet - Data Collection Form

OMB Control No. 3060-0986

Page 1 of 3

March 2013

<010> Study Area Code 421935

<015> Study Area Name Oregon Farmers Mutual Telephone Co.

<020> Program Year 2014

<030> Contact Name - Person USAC should contact regarding this data Twyla Moss

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<039> Contact Email Address - Email Address of person identified in data line <030> tmoss@signal-telecom.com

Filed as reviewed single company

Filed as reviewed consolidated company

Filed as subsidiary of reviewed consolidated company

Filed as audited single company

Filed as audited consolidated company

Filed as subsidiary of audited consolidated company

FINANCIAL INFORMATION REDACTED
FOR PUBLIC INSPECTION

CERTIFICATION

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

Signature

Date

PART A. BALANCE SHEET

ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
CURRENT ASSETS			CURRENT LIABILITIES		
1. Cash and Equivalents			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments	-	-
a. Telecom, Accounts Receivable			28. Customer Deposits	-	-
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:			31. Current Mat. Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			LONG-TERM DEBT		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
10. Total Current Assets (1 Thru 9)			39. Funded Debt-Other		
			40. Funded Debt-Rural Develop. Loan		
NONCURRENT ASSETS			41. Premium (Discount) on L/T Debt		
11. Investment in Affiliated Companies			42. Reacquired Debt		
a. Rural Development			43. Obligations Under Capital Lease		
b. Nonrural Development			44. Adv. From Affiliated Companies		
12. Other Investments			45. Other Long-Term Debt		
a. Rural Development			46. Total Long-Term Debt (36 thru 45)	-	-
b. Nonrural Development			OTHER LIAB. & DEF. CREDITS		
13. Nonregulated Investments			47. Other Long-Term Liabilities	-	-
14. Other Noncurrent Assets			48. Other Deferred Credits		
15. Deferred Charges			49. Other Jurisdictional Differences		
16. Jurisdictional Differences			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
17. Total Noncurrent Assets (11 thru 16)			EQUITY		
			51. Cap. Stock Outstanding & Subscribed		
PLANT, PROPERTY, AND EQUIPMENT			52. Additional Paid-in-Capital		
18. Telecom, Plant-in-Service			53. Treasury Stock		
19. Property Held for Future Use			54. Membership and Cap. Certificates		
20. Plant Under Construction			55. Other Capital		
21. Plant Adj., Nonop. Plant & Goodwill			56. Patronage Capital Credits		
22. Less Accumulated Depreciation			57. Retained Earnings or Margins		
23. Net Plant (18 thru 21 less 22)			58. Total Equity (51 thru 57)		
24. TOTAL ASSETS (10+17+23)			59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)		

(3005b) Operating Report for Privately-Held Rate of Return Carriers Income Statement - Data Collection Form Page 2 of 3	FCC Form 481 OMB Control No. 3060-0986 March 2013
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<010> Study Area Code	421935
<015> Study Area Name	Oregon Farmers Mutual Telephone Co.
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Twyla Moss
<035> Contact Telephone Number - Number of person identified in data line <030	(918) 865-2039
<039> Contact Email Address - Email Address of person identified in data line <030	tmoss@signal-telcom.com

FINANCIAL INFORMATION
 REDACTED FOR PUBLIC
 INSPECTION

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues	-	-
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
0. Depreciation Expense		
1. Amortization Expense		
2. Customer Operations Expense		
3. Corporate Operations Expense		
4. Total Operating Expenses (8 thru 13)		
5. Operating Income or Margins (7 less 14)		
6. Other Operating Income and Expenses		
7. State and Local Taxes		
8. Federal Income Taxes		
9. Other Taxes		
0. Total Operating Taxes (17+18+19)		
1. Net Operating Income or Margins (15+16-20)		
2. Interest on Funded Debt		
3. Interest Expense - Capital Leases		
4. Other Interest Expense	-	
5. Allowance for Funds Used During Construction		
6. Total Fixed Charges (22+23+24-25)	-	
7. Nonoperating Net Income		
8. Extraordinary Items		
9. Jurisdictional Differences		
0. Nonregulated Net Income		
1. Total Net Income or margins (21+27+28+29+30-26)		
2. Total Taxes Based on Income		
3. Retained Earnings or Margins Beginning-of-Year		
4. Miscellaneous Credits Year-to-Date		
5. Dividends Declared (Common)		
6. Dividends Declared (Preferred)		
7. Other Debits Year-to-Date		
8. Transfers to Patronage Capital		
9. Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]		
0. Patronage Capital Beginning-of-Year		
1. Transfers to Patronage Capital		
2. Patronage Capital Credits Retired		
3. Patronage Capital End-of-Year (40+41-42)	-	-
4. Annual Debt Service Payments		
5. Cash Ratio [(14+20-10-11)/7]		
6. Operating Accrual Ratio [(14+20+26)/7]		
7. TIER [(31+26)/26]		
8. DSCR [(31+26+10+11)/44]		

(3005c) Operating Report for Privately-Held Rate of Return Carriers
Cash Flow - Data Collection Form
Page 3 of 3

FCC Form 481
OMB Control No. 3060-0986
March 2013

<010> Study Area Code	421935
<015> Study Area Name	Oregon Farmers Mutual Telephone Co.
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Twyla Moss
<035> Contact Telephone Number - Number of person identified in data line <030>	(918) 865-2039
<039> Contact Email Address - Email Address of person identified in data line <030>	tmoss@signal-telcom.com

FINANCIAL INFORMATION REDACTED FOR PUBLIC

PART C. STATEMENTS OF CASH FLOWS	
1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)	
CASH FLOWS FROM OPERATING ACTIVITIES	
2. Net Income	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities	
3. Add: Depreciation	
4. Add: Amortization	-
5. Other (Explain)	
Changes in Operating Assets and Liabilities	
6. Decrease/(Increase) in Accounts Receivable	
7. Decrease/(Increase) in Materials and Inventory	
8. Decrease/(Increase) in Prepayments and Deferred Charges	
9. Decrease/(Increase) in Other Current Assets	-
10. Increase/(Decrease) in Accounts Payable	
11. Increase/(Decrease) in Advance Billings & Payments	-
12. Increase/(Decrease) in Other Current Liabilities	
13. Net Cash Provided/(Used) by Operations	
CASH FLOWS FROM FINANCING ACTIVITIES	
14. Decrease/(Increase) in Notes Receivable	
15. Increase/(Decrease) in Notes Payable	
16. Increase/(Decrease) in Customer Deposits	-
17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)	
18. Increase/(Decrease) in Other Liabilities & Deferred Credits	-
19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital	
20. Less: Payment of Dividends	
21. Less: Patronage Capital Credits Retired	
22. Other (Explain)	
3. Net Cash Provided/(Used) by Financing Activities	-
CASH FLOWS FROM INVESTING ACTIVITIES	
24. Net Capital Expenditures (Property, Plant & Equipment)	
5. Other Long-Term Investments	
6. Other Noncurrent Assets & Jurisdictional Differences	
7. Other (Explain)	
8. Net Cash Provided/(Used) by Investing Activities	
9. Net Increase/(Decrease) in Cash	
10. Ending Cash	



MIZE & HOUSER
& COMPANY P.A.

The Board of Directors
Northwest Missouri Holdings, Inc.
New York, New York

FINANCIAL INFORMATION REDACTED FOR PUBLIC INSPECTION

Independent Auditor's Report on Supplemental Information

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